					FEE DETER December 8,			ico	nu.		10/1) 7	07	19
	*		CLAIN		ILED - PART		(2)			ALL EN			OTH	ER TH
	TOTAL CLAIMS				(Column 1) (Column 2)				רב זאו			OF	SMAL	LENT
Ì	FOR				UMBER FILED	NUM	NUMBER EXTRA		-	ATE IC FEE	FEE		RATE	
r	TOTAL CHARGEABLE CLAIMS								-		-20700	OR	BASIC FE	€ 300
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_	MULTIPLE DEPENDENT CLAIM PR				minus 3 = .			_	X1	00=		OR	X200=	
			WOENT CON	MPHESE	NI				+11	30=		OR	+360=	1
•	If the diffe	rence	e in column	l is less ll	han zero, enter	.0. iv c	olumn 2		TO	TAL 6	15	OR	TOTAL	
		C	LAIMS AS	SAMEN	IDED - PART	T 11] • · ·	OTHER	THAN
_			(Column CLAIMS	1)	. (Colum		(Column	3)	SMA	LLEN	TITY	OR	SMALL	
(Total Independent		REMAINING AFTER AMENDMENT		HIGHE	ER	R PRESENT		RAT	- 6	DDI- DNAL		DATE	ADD
j					PREVIOUS PAID FO		EXTRA		nai		EE		RATE	TION FEE
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i			/	Minus	- 3				X100	=		OR I	X200=	
J	THSTPA	,	TATION OF I	MULTIPLE	DEPENDENT C	LAIM		<u> </u>	••••					 -
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-		1	CLAIMS		(Column 2)	(Col	umn 3)	,		···				
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_	al	AM	ENDMENT		PAID FOR					FEE				ONAL EE
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_	- THESE	AIMI	TON OF MUL	HPLE DE	PENDENT CLAIM	1		-	_		104			
								+18	0=	•	OR	+360	=	I
(entry in colum	nn 1 is	less than the e	intry in colu	mn 2, write "0" in co S SPACE is less tha	S omuk		-	TAL		. L		TAL.	